

AETNA LIFE INSURANCE COMPANY

Aetna Tracking CA-2011-02

Exhibit A: Summary of Plan Designs

First Dollar Plans

Plans with \$0 deductible in network. Separate copays apply to office visits to PCPs and Specialists. Plans include prescription drug coverage. Out of network services are covered at 50% after deductible.

		In Network					Out of Network			Rx	
		Deductible	Coinsurance	Out of Pocket Max	Office Visit - PCP	Office Visit - Specialist	Deductible	Coinsurance	Out of Pocket Max	Ded	Copay
First Dollar 25	v. 07-2007	\$0	25%	\$2,500	\$25	\$35	\$5,000	50%	\$10,000	\$250	\$15/\$35/\$50
First Dollar 30	v. 04-2008, 07-2008, 07-2009	\$0	30%	\$7,500	\$30	\$40	\$5,000	50%	\$12,500	\$500	\$15/\$40/\$60
First Dollar 40	v. 07-2007	\$0	40%	\$3,500	\$40	\$50	\$7,000	50%	\$12,500	\$500	\$15/\$35/\$50
First Dollar 40	v. 04-2008	\$0	40%	\$12,500	\$40	\$50	\$7,000	50%	\$12,500	\$1,000	\$20/\$40/0%
First Dollar 40	v. 07-2008, 07-2009	\$0	40%	\$12,500	\$40	\$50	\$7,000	50%	\$12,500	N/A	\$20 Generics Only

Copay Plans

Plans with an in network deductible and a copay for office visits. Plans include prescription drug coverage. Out of network services are covered at 50% after deductible. Most plans have 30% coinsurance in network. The MC 7500 plan is only sold in conjunction with a dental rider.

		In Network					Out of Network			Rx	
		Deductible	Coinsurance	Out of Pocket Max	Office Visit - PCP	Office Visit - Specialist	Deductible	Coinsurance	Out of Pocket Max	Ded	Copay
MC 500	v. 07-2005	\$500	20%	\$5,000	\$30	\$40	\$1,000	50%	\$10,000	\$250	\$15/\$30/\$50
MC 1500	v. 07-2005	\$1,500	30%	\$6,000	\$30	\$40	\$3,000	50%	\$12,000	\$250	\$15/\$30/\$50
MC 1750	v. 01-2011	\$1,750	30%	\$12,500	\$40	\$50	\$5,000	50%	\$12,500	\$750	\$15/\$35/\$60/25%
MC 2500	v. 07-2005	\$2,500	30%	\$7,000	\$30	\$40	\$5,000	50%	\$12,500	\$500	\$15/\$30/\$50
MC 2500	v. 07-2008, 07-2009	\$2,500	30%	\$7,000	\$30	\$40	\$5,000	50%	\$12,500	\$500	\$15/\$35/\$50
MC 2500 w/Limited Rx	v. 07-2009	\$2,500	30%	\$7,000	\$30	\$40	\$5,000	50%	\$12,500	N/A	\$15 Generics Only
MC 2750	v. 01-2011	\$2,750	30%	\$7,500	\$30	\$50	\$5,500	50%	\$12,500	\$750	\$15/\$35/50%/25%
MC 3500	v. 09-2006	\$3,500	30%	\$7,000	\$35	\$45	\$7,000	50%	\$10,000	\$500	\$15/\$35/\$50
MC 3500	v. 07-2009	\$3,500	30%	\$10,000	\$35	\$45	\$7,000	50%	\$12,500	\$500	\$15/\$35/\$50
MC 3500	v. 07-2010	\$3,500	30%	\$10,000	\$35	30%	\$7,000	50%	\$12,500	\$500	\$15/\$35/50%
MC 3500	v. 01-2011	\$3,500	30%	\$7,500	\$35	\$50	\$7,000	50%	\$12,500	\$750	\$15/\$35/50%/25%
MC 5000	v. 07-2005	\$5,000	30%	\$8,000	\$40	\$50	\$10,000	50%	\$12,500	\$500	\$15/\$30/\$50
MC 5000	v. 07-2008, 07-2009	\$5,000	30%	\$8,000	\$40	\$50	\$10,000	50%	\$12,500	\$500	\$15/\$35/\$50
MC 5000	v. 07-2010	\$5,000	30%	\$10,000	\$40	30%	\$10,000	50%	\$12,500	\$750	\$15/\$35/50%
MC 5000	v. 01-2011	\$5,000	30%	\$10,000	\$40	\$50	\$10,000	50%	\$12,500	\$750	\$15/\$35/50%/25%
MC 5000 w/Limited Rx	v. 07-2009	\$5,000	30%	\$10,000	\$40	\$50	\$10,000	50%	\$12,500	N/A	\$15 Generics Only
MC 5000 w/Limited Rx	v. 07-2010	\$5,000	30%	\$10,000	\$40	30%	\$10,000	50%	\$12,500	N/A	\$15 Generics Only
MC 6500	v. 07-2009	\$6,500	30%	\$10,000	\$40	\$50	\$10,000	50%	\$12,500	\$500	\$15/\$35/\$50
MC 6500	v. 01-2011	\$6,500	30%	\$10,000	\$40	\$50	\$10,000	50%	\$12,500	\$750	\$15/\$35/50%/25%
MC 7500	v. 07-2009, 07-2010	\$7,500	20%	\$10,000	\$30	20%	\$10,000	50%	\$12,500	N/A	\$15 Generics Only
MC 7500	v. 01-2011	\$7,500	30%	\$10,000	\$40	20%	\$10,000	50%	\$12,500	N/A	\$15 Generics Only

Value Plans

Plans with an in network deductible. Some plans cover office visits at coinsurance after deductible; others cover a limited number of office visits at a copay and then do not provide coverage until the member reaches the out of pocket maximum. All plans cover generic drugs; some also cover preferred brands.

		In Network					Out of Network			Rx	
		Deductible	Coinsurance	Out of Pocket Max	Office Visit - PCP	Office Visit - Specialist	Deductible	Coinsurance	Out of Pocket Max	Ded	Copay
MC Value 1500	v. 07-2005, 07-2008, 07-2009	\$1,500	25%	\$5,000	25%	25%	\$3,000	50%	\$10,000	\$1,000	\$20/\$40/Not Covered
MC Value 2500	v. 07-2005	\$2,500	25%	\$6,000	25%	25%	\$5,000	50%	\$10,000	\$1,000	\$20/\$40/Not Covered
MC Value 2500	v. 07-2008, 07-2009	\$2,500	40%	\$7,500	\$40 (Visits 1-2)	\$40 (Visits 1-2)	\$5,000	50%	\$10,000	\$1,000	\$20/\$40/Not Covered
MC Value 2500	v. 07-2010	\$2,500	30%	\$7,500	\$50 (Visits 1-5)	\$50 (Visits 1-5)	\$5,000	50%	\$10,000	N/A	\$20 Generics Only
MC Value 2500	v. 01-2011	\$2,500	30%	\$7,500	\$50 (Visits 1-3)	\$50 (Visits 1-3)	\$5,000	50%	\$10,000	N/A	\$20 Generics Only
MC Value 5000	v. 07-2005	\$5,000	30%	\$7,500	30%	30%	\$10,000	50%	\$12,500	\$1,000	\$20/\$40/Not Covered
MC Value 5000	v. 07-2008, 07-2009	\$5,000	30%	\$10,000	30%	30%	\$10,000	50%	\$12,500	\$1,000	\$20/\$40/Not Covered
MC Value 5000	v. 01-2011	\$5,000	30%	\$10,000	\$50 (Visits 1-3)	\$50 (Visits 1-3)	\$10,000	50%	\$12,500	N/A	\$20 Generics Only
MC Value 8000	v. 07-2008	\$8,000	30%	\$12,500	30%	30%	\$10,000	50%	\$12,500	\$500	\$20/\$40/Not Covered
MC Value 8000	v. 07-2009	\$8,000	30%	\$12,500	\$30 (Visits 1-2)	\$30 (Visits 1-2)	\$10,000	50%	\$12,500	\$500	\$20/\$40/Not Covered
MC Value 8000	v. 07-2010	\$8,000	30%	\$12,500	\$50 (Visits 1-5)	\$50 (Visits 1-5)	\$10,000	50%	\$12,500	N/A	\$20 Generics Only
MC Value 8000	v. 01-2011	\$8,000	30%	\$12,500	\$50 (Visits 1-3)	\$50 (Visits 1-3)	\$10,000	50%	\$12,500	N/A	\$20 Generics Only

High Deductible Plans

These plans are HSA compatible. All services are covered at coinsurance after a deductible except for preventive care. Plans include integrated prescription coverage.

		In Network					Out of Network			Rx	
		Deductible	Coinsurance	Out of Pocket Max	Office Visit - PCP	Office Visit - Specialist	Deductible	Coinsurance	Out of Pocket Max	Ded	Copay
High Deductible MC 1	v. 07-2005	\$2,750	20%	\$5,000	20%	20%	\$5,500	50%	\$10,000	Integrated w/Medical	\$15/\$30/\$50
High Deductible MC 3000	v. 07-2007, 07-2008, 07-2009	\$3,000	0%	\$3,000	0%	0%	\$6,000	50%	\$12,500	Integrated w/Medical	0%/0%/0%
High Deductible MC 3500	v. 07-2010	\$3,500	0%	\$3,500	0%	0%	\$6,000	50%	\$12,500	Integrated w/Medical	0%/0%/0%
High Deductible MC 3500	v. 01-2011	\$3,500	10%	\$5,950	10%	10%	\$6,000	50%	\$10,000	Integrated w/Medical	10%/10%/Not Covered
High Deductible MC 2	v. 07-2005	\$5,000	0%	\$5,000	0%	0%	\$10,000	0%	\$10,000	Integrated w/Medical	0%/0%/0%
High Deductible MC 5000	v. 07-2007, 07-2008, 07-2009	\$5,000	0%	\$5,000	0%	0%	\$10,000	50%	\$12,500	Integrated w/Medical	0%/0%/0%
High Deductible MC 5500	v. 07-2010	\$5,500	0%	\$5,500	0%	0%	\$10,000	50%	\$12,500	Integrated w/Medical	0%/0%/0%
High Deductible MC 5500	v. 01-2011	\$5,500	0%	\$5,500	0%	0%	\$10,000	50%	\$12,500	Integrated w/Medical	0%/0%/Not Covered

Preventive and Hospital Care Plans

These plans cover preventive services and hospital charges. They do not cover office visits except for preventive care. The plans with in network deductibles of \$2750 and \$3000 do not cover prescription drugs and are HSA compatible.

		In Network					Out of Network			Rx	
		Deductible	Coinsurance	Out of Pocket Max	Office Visit - PCP	Office Visit - Specialist	Deductible	Coinsurance	Out of Pocket Max	Ded	Copay
PHC 1250	v. 09-2006	\$1,250	20%	\$2,500	Not Covered	Not Covered	\$2,500	50%	\$5,000	N/A	N/A
PHC 1250	v. 07-2008, 07-2009	\$1,250	20%	\$3,750	Not Covered	Not Covered	\$2,500	50%	\$7,500	N/A	\$15 Generics Only
PHC 2750	v. 07-2011	\$2,750	20%	\$5,950	Not Covered	Not Covered	\$5,500	50%	\$10,000	N/A	N/A
PHC 3000	v. 09-2006, 07-2008, 07-2009, 07-2010, 01-2011	\$3,000	20%	\$5,000	Not Covered	Not Covered	\$6,000	50%	\$10,000	N/A	N/A